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ANNUAL REPORT



THE MEDICAL OFFICER OF HEALTH

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THE REPORT

of

THE CHIEF PUBLIC HEALTH INSPECTOR

For the year 1965

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RURAL DISTRICT OF SALISBURY AND WILTON

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

INCORPORATING THE REPORT OF THE

CHIEF PUBLIC HEALTH INSPECTOR, FOR THE YEAR 1965

To the Chairman and Members of the Rural District Council of Salisbury and Wilton.

I have the honour to present the Annual Report on the public health of the district during 1965. The Report follows the recommendations of the Ministry of Health in Circular No. 1, 1965. Sections 5 (3) and 15(f) of the Public Health Officers Regulations, 1959 are referred to in this Circular, which sections draw attention to the provision in the Regulations for the Medical Officer of Health to comment on any matters which he thinks desirable in relation to the public health in this area, in addition to any on which he is specifically required to report.

The Report of the Chief Public Health Inspector, Mr. J. A. Furley, is incorporated. This provides me with detailed information in regard to environmental public health in the district to supplement that derived from my personal observation and enables some further comments to be made.

There is an arrangement between the East Wilts Districts and the South Wiltshire Group of Districts, excluding Salisbury City, under which their Medical Officers of Health deputise for each other during holiday periods or other absences from work. I would like to thank my colleague, Dr. F.D.F. Steede, for his stimulating co-operation.

I wish to record my appreciation of the assistance and co-operation of the staff of the public health department and other colleagues, without whose assistance the preparation of this report would not have been possible. I would also particularly like to record my gratitude to my colleagues the General Medical Practitioners and Health Visitors, also to Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory for their great help to me in carrying out my work.

I have the honour to be,

Your obedient Servant,

F. J. G. LISHMAN.

Medical Officer of Health.

25th July, 1966.

INTRODUCTORY SUMMARY

Special attention is drawn to the following sections of the Report.

1. In the "Vital Statistics" Section

The Infant Mortality Rate, while still low, was less misleadingly so than last year, rising from 7.8 to 12.3, the Tuberculosis Mortality Rate remaining at Nil, and the standardised Death Rate fractionally raised from 8.3 to 9.0. More than half of the latter was due to heart and circulatory diseases, and about one quarter to cancer and related malignant diseases. Two of the Cancer deaths were due to Lung Cancer.

2. In the "Communicable Disease" Section

On the protective side, the immunisation scheme, operated by the Wiltshire County Council continued unchanged except for the substitution of single-use pre-sterilised syringe needle packs for the old boiled equipment. Sabin Oral has now completely displaced Salk parenteral poliomyelitis vaccine. It is much simpler to give, and is believed to produce a stronger, longer lasting, protection. On a small scale Tuberculosis "immunisation" for selected groups of children and contacts of the disease continued. There was a low incidence of notifiable communicable diseases, except measles which was high. There was a slight increase in notification of Tuberculosis from 4 last year to five this year, and 3 of these were "Respiratory".

3. In the "Environmental Public Health and Food" Section

(a) There was rather better progress in provision of new housing than was the case last year, but there is a great continued shortage of housing accommodation. The figures of people on the waiting list of Council Houses showing an increase as compared with last year. The need to maintain an all-out drive to reduce this problem in this country, probably the greatest public health problem of the age, is still apparent.

(b) General adequacy of the rural water supplies, which however, have too low a fluoride content for the promotion of dental health, a deficiency that could be easily corrected.

(c) Increasing need for sewerage in certain areas, and further progress in meeting these needs.

(d) Satisfactory results of the milk sampling scheme (the R.D. acting as Agents for the Wiltshire County Council) especially the completely negative results of samples taken for biological examinations for Tuberculosis and for living Brucella organisms.

(e) The continuation of 100% Meat Inspection at Slaughter Houses (instead of only sample inspection), begun 1964, under the new Meat Regulations of 1963.

(f) Further gradual progress in the conforming of "Food Premises" to the Food Hygiene Regulations.

4. Principal Outstanding Public Health Needs

- (1) More homes, with the minimum encroachment upon agricultural land.
- (2) Enrichment of drinking water supplies to provide sufficient fluoride salt to enable teeth to grow healthy and durable.
- (3) Less cigarette smoking, with more effort to combat the anti-social advertising, - aimed especially at young people, - of the cigarette vendors.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH:

F. J. G. LISHMAN, M.D.,
(HYGIENE), B.S. (LONDON) D.P.H.
(LONDON), L.R.C.P., M.R.C.S.,
D.L.O. (ENGLAND), L.M.C. (CANADA).

Office of Medical Officer of
Health.
Salisbury and Wilton R.D.C.
Offices,
26, Endless Street,
Salisbury, Wilts.

Telephone: Salisbury 5201

Residence:

"Till Orchard", Berwick St.
James. (Tel. Stapleford 269)

CHIEF PUBLIC HEALTH INSPECTOR:

J. A. FURLEY, M.R.S.H., F.A.P.H.I.

PUBLIC HEALTH INSPECTORS:

R. P. BATTEN, M.R.S.H., M.A.P.H.I.
R.A. COOMBS, M.R.S.H., M.A.P.H.I.
F. G. PALMER M.R.S.H., M.A.P.H.I.

RODENT OFFICER:

G. OLDHAM.

CLERKS AND STENOGRAPHERS
(Shared between the Public
Health Department and the
Surveyors Department)

MISS E. R. DARE
MRS. J. LUCAS
MISS M. L. SAFE

The Medical Officer of Health also holds combined appointments as Medical Officer of Health for the Mere and Tisbury Rural District and for the Borough of Wilton, and also, under arrangements first made in 1954, he acts as Assistant County Medical Officer of Health for the Wiltshire County Council, so that the multiple appointments are also termed "mixed appointments". Approximately three elevenths of the salary of the Joint appointment are allocated to the Salisbury and Wilton Rural District.

The Chief and first additional Public Health Inspectors also hold appointments as Surveyor and Assistant Surveyor respectively for the Rural District.

GENERAL ADMINISTRATION DURING THE YEAR

During the year the Council authorised the employment of an additional clerk-shorthand typist to be shared between the Public Health Department and the Surveyor's Department. This fulfilled a long felt need. When one of the two other clerks were on holiday or away sick, the already heavy load upon them grew impossible, and the temporary recourse to borrowing help from another department, unfamiliar with our work, was a poor expedient. Miss Margaret Safe was appointed to fill the newly established post.

GENERAL STATISTICS

Number of Parishes	..	..	..	..	..	..	..	..	32
Area in acres	..	..	..	..	..	..	..	..	107,424
Population, 1961 Census	..	..	..	..	..	..	..	..	18,972

Population, Registrar General's Estimate for mid year	21,320
Density of Population - people per acre	0.19
Number of inhabited dwellings	6,808
Number of inhabited dwellings owned by the Council	1,007
(203 bungalows, 46 flats and 758 two or more storied houses)	
Number of new dwellings provided by the Council during the	65
year	
Number of Applications for Council Houses on the waiting list at the end of the year	429
(160 of these have neither "residential" nor "working" qualifications for this Rural District and are therefore not considered to be the responsibility of the Rural District Council to rehouse).	
Rateable Value	£678,136
Product of a Penny Rate	£2,562

TABLE I

BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY

					<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	Legitimate				185	191	376
	Illegitimate				11	9	20
	Total				196	200	396
Illegitimate births expressed as a percentage of legitimate births 5.3							
Crude Live Birth Rate per 1,000 population							18.0
Comparability Factor for Births							1.03
(This compensates for age and sex distribution of the local population so that the "standardized" birth rate can be compared with the rate for England and Wales and with similarly standardized birth rates in other areas).							
Standardized Live Birth Rate							18.5
					<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	Legitimate				1	1	2
	Illegitimate				0	1	1
	Total				1	2	3
Total Live and Still Births					197	202	399
Still Births, rate per 1,000 Live and Still Births							0.75
					<u>Male</u>	<u>Female</u>	<u>Total</u>
Infant Deaths under 1 year							
	Legitimate				3	2	5
	Illegitimate				0	0	0
	Total				3	2	5

Infant Mortality Rate per 1,000 live births - Legitimate	..	12.3
Illegitimate	..	0
Total	..	12.3
For Co parison: I.M.R. Wiltshire (Previous year)	.. ..	.. 22.10
I.M.R. England and Wales (Previous year)		.. 20.0
	<u>Male</u> <u>Female</u> <u>Total</u>	

Neo Natal (first four weeks) Deaths:

Legitimate	..	..	..	..	..	2	1	3
Illegitimate..	..	..	..	..	..	0	0	0
Total ..	..	..	..	..	..	2	1	3

"Neo Natal" Mortality Rate (First four weeks) 7.5

"Early Neo Natal" (first week) deaths

						<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	..	..	..	..	..	2	1	3
Illegitimate	..	..	..	..	..	0	0	0
Total	..	..	..	..	..	2	1	3

"Early Neo Natal" Mortality Rate 7.5

Perinatal Deaths (sum of early neo-natal deaths and still births) 6

Perinatal Mortality Rate 15.0

Maternal deaths (including abortion) 0

Maternal mortality rate per 1,000 live and still births .. 0

Comment on Table I

The standardized Live Birth Rate shows a very slight drop from 19.2 to 18.5 during the year. With the continued housing insufficiency, one cannot welcome this further decrease.

The percentage of illegitimate births have increased slightly from 4.9 to 5.3.

Infant Mortality with a rate of 12.3 is raised from 7.8 last year, but these statistics must be regarded always with caution because, with a relatively small population district with corresponding limitation of births to around 380 a year, one or two infant deaths occurring in a particular year makes a big difference to the rate, each single infant death making an increase of three in the death rate per 1,000 live births. The national rate for the previous year was 20.0 and the Wiltshire rate 22.1, so within the qualifications of the above remarks, the I.M.R. for the Rural District is still very good. In past years a high proportion of the infant deaths have occurred in the vulnerable first four weeks of life, and this has again occurred during 1965.

The "Perinatal" Mortality Rate has again dropped slightly, from 23.8 to 15.

TABLE II

DEATHS AND DEATH RATES

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of Deaths	116	88	204
Crude Death Rate per 1,000 population .. .. .	..	..	9.3
Comparability Factor for Deaths .. .. .	..	..	0.97

Comment This factor, being less than unity, indicates that the age distribution of the local population is older than that of the Country as a whole.

Death Rate as standardised by comparability factor ..	9.0
Death Rate for Wiltshire (Previous Year) for comparison ..	10.75
Death Rate for England and Wales (Previous year) ..	11.3

Comment: The Crude Death Rate for the Rural District is slightly higher than in 1964 (8.6). The standardized Death Rate (to make allowances for the more elderly population, and comparable with that for the Country as a whole) was 9.0 (last year 8.3). It is also much lower than the rate for England and Wales and for Wiltshire.

NATURAL INCREASE

Excess of Live Births over deaths for the year	192
Rate of Natural Increase per 1,000 of population	9.2

(Like last year an alarming development)

TABLE III

Certain "Specific" Death Rates in Inverse "Health Index" Value
 (Rates per 1,000 population, except for maternal rate)

(1) Deaths due to Tuberculosis (all forms) (both sexes)	0
Tuberculosis Death Rate	0
Deaths due to Respiratory Tuberculosis	0
Respiratory Tuberculosis Death Rate	0
Previous year's Tuberculosis Death Rate, Wiltshire	
for comparison	0.035
Previous year's Tuberculosis Death Rate, England and	
Wales	0.053
(2) Deaths from Cancer and related Malignant Diseases ..	36
Specific Death Rate from Cancer	2.2
Previous year's Death Rate from Cancer, Wiltshire ..	1.8
Previous year's Death Rate from Cancer, England and	
Wales	2.2
Number of Deaths from Lung Cancer	9
Specific Death Rate from Lung Cancer	0.15
Previous year's Death Rate from Lung Cancer (Wiltshire)	0.41
Previous year's Death Rate from Lung Cancer (England	
and Wales)	0.53
(3) Deaths from Heart Diseases and other diseases of the	
Circulatory System	113
Specific Death Rate from Heart Diseases and other	
Diseases of the Circulatory System	4.9

(4)	Maternal Deaths (due to pregnancy, child birth or abortion)	.. .. .	0
	Maternal Mortality Rate for District	.. .. .	0
(5)	Deaths from Accidents and Violence	.. .. .	10
	Specific Death Rate from Accidents and Violence	.. .. .	0.46

Comment

On the whole these "inverse indices" of the state of health of the community are satisfactory. The specific Death Rate from Cancer (all forms) (1.8) and Lung Cancer (0.15 per 1,000) are slightly lower than last year, but Heart and Circulatory disease mortality was slightly increased (from 4.7 to 4.9 per 1,000). Certain of these specific "index" mortality rates are analysed or broken down in the following Table IV.

ANALYSIS OF DEATHS BY CAUSE

The Registrar General provides for each district each year an analysis of deaths according to cause, broken down into thirty-six disease headings.

These headings lend themselves to a considerable extent to "Grouping" the causes of death together in "Families" or types of disease related to each other, study of the trends in which may be of interest or value in regard to the particular population concerned.

Advantage has, therefore, been taken of this opportunity to break down the Registrar General's annual table for this district into seven groups labelled "A" to "G" as set out in Table IV.

TABLE IV

ANALYSIS OF CAUSES OF DEATH

Group A - Certain Communicable Diseases

					<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000</u>
1.	Tuberculosis - Respiratory	..	0	0	0	0	0	0.07
2.	Tuberculosis - Other	.. .. .	0	0	0	0	0	
3.	Syphilitic Disease	.. .. .	0	1	1	1	1	
4.	Diphtheria	.. .. .	0	0	0	0	0	
5.	Whooping Cough	.. .. .	0	0	0	0	0	
6.	Meningococcal Infection	.. .. .	0	0	0	0	0	
7.	Poliomyelitis	.. .. .	0	0	0	0	0	
8.	Measles	.. .. .	0	0	0	0	0	
9.	Other Infectious and Parasitic Diseases	..	1	0	1	1	1	
	Total	.. .. .	1	1	2	2	2	0.15

Group B - Cancer and Related Malignant Diseases

10.	Malignant Neoplasm - Stomach	..	2	1	3	3	3	0.23
11.	- Lung or Bronchus	..	2	0	2	2	2	0.15
12.	- Breast	..	0	6	6	6	6	0.45
13.	- Uterus	..	0	2	2	2	2	0.15
14.	Other Malignant or Lymphatic Neoplasm	..	16	5	21	21	21	1.60
15.	Leukaemia or Aleukaemia	..	0	2	2	2	2	0.15
	Total	.. .. .	20	16	36	36	36	1.8

					<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate</u> <u>per</u> <u>1,000</u>
16.	Group C - Diabetes	..	..		2	0	2	0.15
<u>Group D - Heart and Other Diseases of Circulatory System</u>								
17.	Vascular Lesions of Nervous System (Stroke)	..			13	22	35	1.7
18.	Coronary Disease or Angina	..			35	14	49	2.8
19.	Hypertension with Heart Disease				2	2	4	
20.	Other Heart Diseases	..	..		10	9	19	
21.	Other Circulatory Diseases	..			5	1	6	
	Total	..	..	..	65	48	113	4.9
<u>Group E - Respiratory Diseases (Other than Tuberculosis)</u>								
22.	Influenza	..	..	..	0	0	0	
23.	Pneumonia	..	..	..	6	6	12	
24.	Bronchitis	..	..	..	0	3	3	
25.	Other Diseases of Respiratory System	..	..	..	1	0	1	
	Total	..	..	..	7	9	16	0.71
<u>Group F - (Miscellaneous)</u>								
26.	Ulcer of Stomach and Duodenum	..			3	0	3	
27.	Gastritis, Enteritis, and Diarrhoea	..			0	2	2	
28.	Nephritis and Nephrosis	..	..		0	0	0	
29.	Hyperplasia of Prostate	..	..		1	0	1	
30.	Pregnancy, Childbirth, Abortion				0	0	0	
31.	Congenital Malformation	..	..		0	0	0	
32.	Other defined and ill-defined disease	..			9	10	19	
	Total	..	..	..	13	12	25	1.1
<u>Group G - Accidents and Violence</u>								
33.	Motor Vehicles Accidents	..	..		5	1	6	
34.	All other accidents (inc. birth injury)	..	..	..	2	1	3	
35.	Suicide	..	..	..	1	0	1	
36.	Homicide and operations of war				0	0	0	
	Total	..	..	..	8	2	10	0.46
37.	All Causes	..	..	..	116	88	204	9.3

Comment on Table IV

As usual, diseases of the heart and circulatory system are the chief causes of endemic mortality in the district, - the specific mortality rate for these conditions at 4.9 per 1,000 being over half of the total mortality rate of 8.6. Cancer, at about a fifth (1.8 per 1,000) is second, and was slightly less common a cause of death than last year as was those of its components, cancer of the lung and of the stomach. Breast Cancer, which like lung cancer lends itself to prevention was about the same as last year. Respiratory Diseases (other than Cancer and Tuberculosis) are third with 0.79 per 1,000 (not counting the "miscellaneous" group).

As a cause of epidemic disease, Heart and Cancerous and Respiratory Diseases, (especially Bronchitis) have replaced the idea of "infectious diseases" as major killers. Public Health Workers have

still to tackle this great trio of killers with the same energy they used to fight the now weakening group of "communicable" diseases. The efforts to persuade people to reduce tobacco smoking in the face of the great advertising campaigns, still largely directed to making infantile addicts of adolescents, is one example of modern epidemiology in the public health service. Of the cancer deaths, only two were due to lung cancer, a great improvement over the nine recorded last year. Another campaign should be against coronary heart disease, in which less over-eating in middle age (especially reduction of animal fat, and sugar in the diet), more exercise, and less smoking could all play a part.

TOBACCO SMOKING AS A CAUSE OF LUNG CANCER, BRONCHITIS AND HEART DISEASE

The investigation of the smoking habits of people, resident in my (triple) area as M.O.H. who have died from lung cancer, coronary heart disease and stomach cancer which I began in 1956, has been continued. To date (February, 1966) approximately 126 lung cancer, 130 coronary disease and 21 stomach cancer cases have been investigated. The accurate analysis of these findings must wait until more cases have been investigated to reduce the element of chance to a less significant level, but the strong impression so far gained is that those that died from coronary heart disease or from stomach cancer had much less history of heavy smoking than those that die of lung cancer.

Heart Disease

The high mortality from heart diseases is a challenge to the public health department. It is now believed that it can be reduced, or at least postponed to older ages, by the following measures.

- (1) Certainly by reduction of weight, especially in the already obese.
- (2) Less certainly, by reduction of the amount of animal fat in the diet, (butter, cream, meat fat, bacon fat, etc.). Fish oils and certain vegetable fats or oils are probably less harmful, indeed they may even be beneficial by displacing or counteracting the absorption of the other animal fats in the human body tissues. It is thus safer to fry foods in "corn" (Maize) oil, or olive oil, than in butter, or meat fat or "dripping". Regular taking of cod liver oil will help to displace the dangerous effect of meat and milk fats. C.L.O. as refined by modern processes is quite pleasant to take in a spoon. I do so every morning.
- (3) Regular moderate exercise - "Walk instead of drive".
- (4) Giving up the smoking of tobacco, or reducing it to a minimum of cigars but no cigarettes.

While death from coronary thrombosis or sudden myocardial failure may well be one of the most merciful forms of death for the dier, it may be one of the most disastrous for the family, since (apart from accidental death) it tends to occur suddenly and at an earlier age than most other forms of death, especially in males. The family may be caught unawares and unprovided for with children still dependent.

COMMUNICABLE DISEASE

A. Prevention of Communicable Diseases

The measures of the extent to which people are immunised against communicable diseases in a district is one of the "pointers" towards the health of the community. Artificial immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases.

The longest established, and, so far, most proven successful and lasting artificial immunisation are those against Small Pox and Diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Small Pox immunisations are done by the "Family Doctors" under the National Health Service for the County Council. Diphtheria, Tetanus, Whooping Cough and Poliomyelitis immunisations, either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics, or at specially held immunisation clinics, usually arranged at schools. Partial protection against Tuberculosis is available for older school-children who, as a result of a simple skin test (tuberculin test) indicate that they have not previously been sensitized by tuberculosis infection, through the school health service and for selected other cases (usually contacts of cases of Tuberculosis) from N.H.S. Chest Physicians. In this area, all the immunisations (except for oral poliomyelitis) are still carried out by doctors, the practice of employing public health nurses (Health Visitors or especially experienced nurses) in this work not yet having been adopted for injection procedures.

In my 1964 reports, I discontinued recording the tables of immunisation statistics which the County M.O.H., Dr. C.D.L. Lycett has kindly provided annually for each County District. These tables are now not usually received until the Annual Report drafting is completed. This can now be done earlier in the year, because of the earlier arrival, in the spring, of the annual statistical returns from the Registrar General, - a welcome innovation due to the introduction of computers. This enables me to start drafting the Annual Reports for my three districts about two months earlier than was the case up to 1964. The immunisation figures will of course be available in the Annual Report of the County M.O.H. However, I am pleased to say that at all the "well baby clinics" at which I work, there is virtually 100% immunisation against diphtheria, tetanus, whooping cough and poliomyelitis.

B. Incidence of Communicable Diseases

The communicable diseases for which statistics are available comprise those diseases which are compulsorily "notifiable" under the Public Health Act, 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health this is not generally known, and in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The notifiable communicable diseases actually notified during the year are set out in Table VI.

NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

TABLE VI

	<u>Sub Division of Disease.</u>	<u>(Main Disease)</u>	<u>Group Total</u>
1. <u>Tuberculosis</u>			
(a)	Respiratory	3	
(b)	Meninges and Nervous System	0	
(c)	Other Forms	2	
(d)	Group Total	<u>5</u>	5
2. <u>Other Respiratory Notifiable Diseases</u>			
(a)	Whooping Cough	0	
(b)	Pneumonia Acute.. .. .	3	
(c)	Group Total		3
3. <u>Diphtheria</u>	0	<u>0</u>	0
4. <u>Virus Diseases of Nervous System</u>			
(a)	Poliomyelitis - Paralytic..	0	
(b)	Poliomyelitis - Non Paralytic	0	
(c)	Poliomyelitis - Total .. .	<u>0</u>	
(d)	Encephalitis - Infective ..	0	
(e)	Encephalitis - Post Infectious	0	
(f)	Encephalitis - Total .. .	<u>0</u>	
(g)	Group Total		0
5. <u>Meningococcal Infection</u> ..		<u>0</u>	0
6. <u>Other Notifiable Virus Diseases</u>			
(a)	Measles (excluding rubella)	255	
(b)	Small Pox	0	
(c)	Group Total		255
7. <u>Alimentary Infection or Poisons</u>			
(a)	Dysentery - Bacterial .. .	0	
(b)	Dysentery - Other	<u>0</u>	
(c)	Dysentery - Total	<u>0</u>	
(d)	Typhoid Fever	0	
(e)	Paratyphoid Fever (B) .. .	0	
(f)	Other Salmonella Infection not known to be food borne	0	
(g)	Food Poisoning	<u>0</u>	
(h)	Group Total		0
8. <u>Streptococcal Group</u>			
(a)	Scarlet Fever	23	
(b)	Erysipelas	0	
(c)	Group Total	<u>23</u>	23
9. <u>Miscellaneous Group</u>			
(a)	Puerperal Pyrexia	13	
(b)	Ophthalmia Neonatorum .. .	1	
(c)	Other Notifiable Diseases..	0	
(d)	Group Total		14
10. <u>All Notifiable Diseases - Total</u>			297 300

1. Notification

It is most important to note that certain common communicable diseases such as Influenza, Rubella and Mumps and also in this country infectious Venereal Diseases, are not generally "Notifiable" and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included for many minor cases may never have a doctor called to them, and therefore do not get notified to the Medical Officer of Health. It is likely that a number of cases of Whooping Cough, and of the Venereal Diseases, for example, may occur but not be notified.

Under present regulations notifiable communicable diseases that are first diagnosed after admission to hospital must be notified to the Medical Officer of Health of the District in which the hospital is situated, irrespective of where they live. This accounts for a number of cases from other districts being notified to me, since the main infectious disease hospital for all districts near Salisbury is at Odstock.

This shows itself also, and more notably, concerning Puerperal Pyrexia. Most women who bear their babies in hospital in South Wiltshire, North East Dorset and Western Hampshire do so in the maternity wards at Odstock Hospital. Any woman who develops a temperature of 100.4° F, irrespective of causes, (which may be trivial) within fourteen days of childbirth must be notified as Puerperal Pyrexia. In considering the figures therefore, one must remember that many, (indeed most), of these cases do not derive from the Salisbury and Wilton Rural District. I do not think that measles notification serves any useful local purpose at present, though it will if and when immunisation against measles becomes common. Food Poisoning is discussed below.

2. Tuberculosis

After the end of the year a reappraisal of the extent of known tuberculosis within my area of Wiltshire was made. My register of Tuberculosis cases was sorted and the result of this reappraisal was that in the Salisbury and Wilton Rural District, 90 people remain on my "current" register, 61 being lung, and 29 non pulmonary cases. This represents a reduction of 4 "lung" cases on the register since the previous annual assessment.

3. Notifiable Diseases other than Tuberculosis

Perhaps the most significant figure is the complete absence of a notified case of dysentery, the scourge of two neighbouring Rural Districts. For this mercy we must be thankful, but not over confident that this freedom will persist.

Hospital Accommodation for Communicable Diseases

The Communicable Disease Block at Odstock Hospital serves this district for all ordinary cases of communicable diseases that are best cared for in hospital. For many cases however, home care is the best and most cases of measles, whooping cough, scarlet fever, food poisoning etc. are usually left at home. Ordinary cases of Paralytic Poliomyelitis can go to Odstock Hospital, but Regional arrangements are made for "Bulbar" cases, (with difficulty in breathing or swallowing), to be treated in a special unit at Portsmouth Communicable Disease Hospital. Special Ambulance facilities, with expert travelling and nursing teams, are part of this service. No cases from this Rural District had to go to the special unit during the year. In fact no case of poliomyelitis has been notified to me.

FOOD POISONING

Table VI (a) is a copy of the "Annual Return" of the Food Poisoning notifications which is sent to the Ministry of Health. This analyses the "Food Poisoning" cases according to whether they occurred as outbreaks or as isolated cases (sometimes hard to distinguish) and according to their cause, - bacterial, infective, toxic, chemical, etc.

TABLE VI(a) FOOD POISONING
(In form requested by the Ministry of Health)

(Salmonella Infections that are not considered to be food borne are not included under Items 1, 2, 3, but are shown separately under Item 4).

1. (a) FOOD POISONING NOTIFICATIONS

<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>	<u>Total</u>
0	0	0	0	0

(b) CASES OTHERWISE ASCERTAINED

<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>	<u>Total</u>
0	0	0	0	0

(c) SYMPTOMLESS EXCRETORS

<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>	<u>Total</u>
0	0	0	0	0

(d) FATAL CASES

<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>4th Quarter</u>	<u>Total</u>
0	0	0	0	0

2. PARTICULARS OF OUTBREAKS

	<u>No. of outbreaks</u>		<u>No. of Cases</u>		<u>Total number of Cases</u>
	<u>Family out-breaks</u>	<u>Other out-breaks</u>	<u>Notified</u>	<u>Other-wise ascertained</u>	
(a) Chemical Poisons (type to be stated)	0	0	0	0	0
(b) Salmonella Newport	0	0	0	0	0
(c) Staphylococci (including toxin)	0	0	0	0	0
(d) Cl. butullinum	0	0	0	0	0
(e) Cl. welchii	0	0	0	0	0
(f) Other bacteria (Eschariciacoli Type 026).	0	0	0	0	0
Totals	0	0	0	0	0

3. SINGLE CASES

	No. of Cases		Total No. of Cases
	Notified	Otherwise Ascertained	
Agent identified:			
(a) Chemical Poisons (type stated)	0	0	0
(b) Salmonella Type (type stated) S. Anatum	0	0	0
(c) Staphylococci (including toxin)	0	0	0
(d) Cl. botulinum	0	0	0
(e) Cl. welchii	0	0	0
(f) Other bacteria	0	0	0
Agent not identified	0	0	0
Totals	0	0	0

4. SALMONELLA INFECTIONS, NOT FOOD-BORNE

<u>Salmonella</u> <u>Type</u>	<u>Outbreaks</u>		<u>No. of Cases</u> <u>(outbreaks)</u>	<u>Single</u> <u>Cases</u>	<u>Total No. of</u> <u>Cases (out-</u> <u>breaks and</u> <u>single cases</u>
	<u>Family</u>	<u>Other</u>			
Totals	0	0	0	0	0

Comment

For the second time of recording this annual return, not one case of food poisoning was notified from within the Rural District, nor otherwise discovered, and the table is therefore a complete blank. This is all the more remarkable since Odstock Hospital, situated within the Rural District would have received any cases of food poisoning sent in from other Districts under suspicion and awaiting diagnosis, and if diagnosed in the hospital would have been notifiable to me.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other personal Health services for the Rural District are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics, and the School Health Service with its specialised appendages such as Speech Therapy and Guidance clinics.

The County Council are also responsible for the Mental Health Service, (outside Hospitals) and the "care and after-care" service, which is largely concerned with tuberculous people, their families and other contacts, and with "chronic sick" and aged people, outside hospitals. Also, through the Welfare Department, the care of handicapped adults, and of old people, at home, at recreation and in institutional care.

The District Medical Officer of Health is also closely concerned with tuberculosis cases, especially in regard to their Housing, and to prevention of infection spread in their homes, and sometimes place of work.

Since 1954, your Medical Officer of Health, who had not previously been associated with these services, spends nearly half his day time working for the County Council, principally with the School Health Services and at Child Health Clinics. He also conducts Immunisation Clinics and undertakes mental health work. For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

Handicapped Children

The School care, and special educational needs, of handicapped children also comes under the Wiltshire School Health Services, and your Medical Officer of Health is closely concerned with this work, especially with the many mentally backward children.

School Premises

The hygiene of School Premises, as of most other buildings, concerns the Local Public Health Authority as well as the Education Authority, and school premises are inspected by your medical officer of health in his capacity as such, and also as school medical officer. A number of recommendations for improvements in school premises, fittings and sanitary arrangements for improving hygienic conditions were made during the year.

Handicapped Adults

While the care (other than Housing) of handicapped adults, including the blind and deaf, and of old people, comes under the County Council services, the Local Authority has certain powers in regard to old or neglected people under Section 47 of the National Assistance Act, 1948. This Local Authority has also delegated some of its power as permitted by the National Assistance (Amendment) Act 1951, to the Medical Officer of Health, to act on his own Authority in emergency, to obtain a Justice's Order for the admission to hospital or a "home", of a person for a period of up to three weeks detention.

During the year, the Medical Officer of Health saw a few old people, to a greater or lesser extent needing "care and attention". In each case however, removal to an institution was either unnecessary or if necessary was arranged for voluntarily, either by applying to the County Council Welfare Department, or the family doctor making arrangements for admission to hospital. It was not necessary to use the emergency powers for any case.

ENVIRONMENTAL PUBLIC HEALTH AND FOOD

As stated in previous reports, this is still probably the most important of the various local factors which influence public health.

Human health is still, and probably always will be, influenced by the environment and the extent to which man and other animals can adapt this to suit their needs. Health is also largely dependent upon the quantity and quality of water, and of food supplies. Fundamental to good health are such influences as housing, a safe but not too "pure" water supply, safe and not wasteful disposal of body wastes (drainage, sewerage, etc.) refuse collection and disposal, control of flies, mosquitoes and other insects, mice, rats and other pests and vermin, quantity, quality and freedom from adulteration or

infection of food supplies, including especially milk and such universal and basic foods as bread and meat. Food hygiene concerns not only the home, but also places where food or drink are prepared and/or consumed, including school and oother canteens and public restaurants, hotels and "public houses".

These matters are reported upon in detail in the Report of the Chief Public Health Inspector, Mr. J. A. Furley, which is incorporated in this Annual Report. Comments on the following matters are, however, made in this section of the report.

1. Housing

In each of my Annual Reports since 1954 I have stressed the great importance of housing, as a factor influencing public health, mental as well as physical. More than ever now, after eleven years work in this part of England, I am convinced that, given adequate food and a healthy water to drink, there is no other factor, either on the sanitary (environmental) side or among the numerous "personal medical services", that can equal "housing" as a means of either promoting or undermining health. Many of my colleague M.O.s.H. in other parts of Great Britain feel similarly, and some express in their Annual Reports their dismay at the general failure to overcome this problem. The Housing Statistics for the year, as required by the Wiltshire County M.O.H., are included in the appended report of the Chief Public Health Inspector.

I had hoped that, over the years, with the not inconsiderable programme of new building carried out by the Council, and the saving and modernisation of older homes by means of improvement grants, the housing problems would have been decimated by now. But unfortunately the need keeps pace with the provision, and having started far ahead, the backlog of people needing houses remains more or less static, over the years.

At the end of the year there were 429 applications for housing or rehousing outstanding for the Rural District, but 104 of these related to applicants for whom the R.D.C. do not admit to having any responsibility for housing. These include applicants who have at present no residential or work affiliations with the Salisbury and Wilton R.D.C. Therefore, disregarding these 104, there remains a still formidable waiting list of 325 applications, many of which relate of course to families, so the number of people, with their animal pets, concerned, will be many more.

During the year the Council provided 65 new dwellings and at the end of the year the distribution of the Council's housing property (exclusive of the Grouped Dwellings for old people) was

<u>Bungalows</u>	<u>Other Houses</u>	<u>Flats</u> <u>or Apartments</u>	<u>Total</u> <u>Dwellings</u>
203	758	46	1007

Grouped Dwellings for Old People

During the year the Council completed the provision of the second of their "Groups of Dwellings for old people". This was at Laverstock (St. Andrews), the first (1964) being at Downton (Castle Meadow).

I am very glad that the Council propose to extend this very valuable and successful provision in the future, so that eventually there will be one of these groups in each main sector of the Rural District. In my opinion they represent the ideal solution for old or handicapped people living singularly or in couples who are best not left entirely alone and unhelped, but are sufficiently "able" still to

do their own household management, with the minimum of help from the resident warden. The Wiltshire County Council (Welfare Department) co-operate with the R.D.C. in these schemes for "Grouped Dwellings" pay the salaries of the wardens and also meet certain other expenditures.

Water Supplies

All of the thirty-two parishes are now supplied with piped water, which is satisfactory from the bacteriological point of view, though in one parish a private syndicate supplies unchlorinated water. At the end of the year discussions were still proceeding with the Southampton Water Undertaking about overtaking this supply. The supplies in parts of Alderbury, Odstock and Clarendon parishes are from private piped supplies of satisfactory quality except for fluoride content) and this applies also to the whole of Berwick St. James, served by two separate private farm estate supplies.

Quality

The quality of the public supplies, as indicated by a great many bacteriological and a few chemical analyses, has been good, with the one qualification that the natural fluoride content of the waters is not up to the standard required to promote the building of strong durable teeth resistant to decay in young growing children, or to maintain the strength of the bones of old people. During the year in addition to routine full chemical analysis of the waters used in the main regional distribution supplies, the analyses for fluoride content, started in 1955 and continued at intervals, were stopped in 1962 because a sufficiently reliable picture of the fluoride deficiency of the various local water sources had already been obtained. For good dental health a fluoride content of one part per million water is desirable. The results are shown in the following table.

FLUORIDE CONTENT OF MAJOR WATER SOURCES
(Parts per million)

	1956	1957	1958	1959	1960	1961	1962	1963
Ebbesbourne Wake	-	Apr. 0.06 less than 0.1	Dec. 0.1		-	-	Source aban- doned	No. Analysis
Farley	June 0.8	Mar. 0.1	-	-	-	-	Source aban- doned	No. Analysis
Fovant (Borehole)	Jan. 1.0	May 0.6	Mar. 0.3	Dec. 0.1	-	-	-	No. Analysis
Pitton	Feb.	-	0.5	-	-	Supply ceased	Source about to be aban- doned	Removed for "re- serve" supply only
Salisbury City Supply for adjacent Rural District	-	June 0.1	Feb. 0.3	-	-	-	-	No. Analysis
W. Hants Water Co. (Taken at Downton)	-	Feb. 0.4	-	-	-	-	-	No. Analysis

FLUORIDE CONTENT OF MAJOR WATER SOURCES (CONT.)

	1956	1957	1958	1959	1960	1961	1962	1963
Whiteparish (Gatmore Pumping Station)	Feb. 0.2	May 0.1	Aug. 0.07	Oct. 0.07	Dec. 0.1	-	-	No. Analysis
Wylve (Borehole)	June 0.05	Jan. 1.0	Jan. 0.1	0.4	Nov. 0.1	Jan. 0.1	-	No. Analysis
West Dean	-	-	-	0.07	-	-	-	No. Analysis
Winterslow	-	-	-	Dec. 0.05	-	-	-	No. Analysis

Analysis ceased in 1963 as sufficient records
already available.

The Ministry of Health are now actively encouraging Water Authorities to enrich fluoride-deficient waters. Having demonstrated (at Anglesey, Watford and Kilmarnock) that what was amply proven over eighteen years previously in Canada and the U.S.A., and more recently in New Zealand, also applies in this Country, the report on the first five years working of fluoridation of water in the three "demonstration" areas (published in 1962) was entirely favourable.

The World Health Organisation, New Zealand Department of Health, British Medical Association, British Dental Association, Society of Medical Officers of Health, Canadian Public Health Association, and the American Public Health Association support this enrichment measure where waters are naturally weak in fluoride.

It is a tragedy that a body of people with an emotional rather than a scientific humanitarian approach have taken it upon themselves to bombard local Councillors, before any decision as to whether that Council will initiate water fluoridation, with plausible propaganda against this benefit. Their propagandists are skilful, and it sometimes requires a scientifically trained mind to see through their machinations. Nevertheless it is regrettable that when an Authority has a properly qualified and experienced officer on its staff capable of putting an unbiased and sound picture in front of the members of the Authority, the latter have in a number of areas in the South West of England, voted against water fluoridation, and so deferred, perhaps for years, the tremendous benefits of an adequate fluoride intake for the people whom they represent. The Midlands are more advanced in this respect. At the time I write this report a majority of Local Health Authorities in England and Wales are believed to have approved of water fluoridation but owing to the ramifications and complexities of the water-distributing system anyone of which may involve a large number of different Local Health Authorities, only Birmingham and the other areas served by its water undertaking have so far actually joined the original demonstration areas of Watford and Anglesey in starting this great public health improvement scheme.

Milk Supply

Details of supervision and sampling of milk supplies will be found in the Chief Public Health Inspector's section of this report.

The arrangement by which this Council act as Agent for the Wiltshire County Council in administering the Milk (Special Designations) Regulation, 1960, continued. Figures are shown in detail in the Chief Public Health Inspector's section. All tests for tuberculosis and Brucellosis were negative.

From the viewpoint of prevention of milk borne disease the two most important tests to which samples are subjected are:

(a) The Phosphatase tests, for checking the adequacy of the Heat Treatment of Pasteurised milk. Here, some of the sampling at the pasteurizing plants, is done by County Council Staff, but copies of reports on the samples taken by the W.C.C. are sent to me, and as regards this district have been satisfactory, none failing to pass the phosphatase test.

(b) The Biological tests for detecting presence of living tuberculosis or brucella germs in the milk, and their simpler "short cut" subsidiary tests for brucella, "Ring Test", and "Whey Agglutination Tests". During the year samples from tuberculin tested raw milks were analysed by the five week guinea pig and culture tests, and it is very reassuring to report that all samples were negative for tuberculosis and all negative for brucella. A considerable number of milk samples, however showed positive "Ring" tests. This is not an official test, but gives a guide as to whether there has been brucella infection in the herd recently or in past months. When a positive ring test is found, a Public Health Inspector calls and advises the producer to call in his veterinary surgeon. Immunisation of herds against brucellosis, can, however, give falsely positive ring tests for a time, but a positive result in an adult cow not immunized since calfhood should be regarded with suspicion.

Meat Inspection

The 100% meat inspection begun in 1964 under the Meat Inspection Regulations, 1963, continued during the year. The additional Public Health Inspector appointed in 1963 to deal with the enormously increased volume of work has been very necessary. A fuller note will be found in the section of this report written by the Chief Public Health Inspector, Mr. Furley.

4. Food Hygiene

There has been gradual improvement in the hygiene of equipment and operation of food establishments, schools, public houses, etc. during the year.

5. Sewage Disposal

Quite a lot of development in extending sewerage schemes occurred during the year. Full details are given in Mr. Furley's section of this report, as Chief Public Health Inspector. The parts of the parishes adjacent to Salisbury City now drain to the splendid new City Disposal Works, so that the old Sewage "Farm" at Netherhampton which used to cause such dismay with its smells, can now be devoted to more conventional farming, and the Quidhampton village sewage now joins that from Wilton Borough to enter the City's sewer, and rushes to the new works.

6. Refuse Disposal

As from November the Council were able to institute weekly collection of refuse throughout the Rural District - previously only seven villages had weekly collections. In his section of the report the Chief Public Health Inspector says that he considers this development the most important public health improvement of the year. I agree that it is a great convenience, but I would not give it such top grading, I would for instance, consider the opening of the second grouped dwelling for elderly people at St. Andrews, Laverstock, and the many new Council bungalows, for old or handicapped people, to be

a far more valuable improvement from the public health viewpoint. In the most rural parishes, where people have gardens for compost heaps and bonfires, where soft garbage and combustible materials can be usefully conserved or burnt, leaving only tins, bottles, etc. for the "dustbin", the previous fortnightly collections were probably satisfactory for all but a few homes, but I can see that unless the service was eventually equalised throughout the Rural District, some people might have complained that they were not getting this value from the rates.

However, despite my reservation concerning the value in relation to man hours and cost, of a weekly collection in the most rural parishes, I think that the Council, Mr. Furley and Mr. R. Batten, (the Public Health Inspector closely concerned with the day to day operation) are to be congratulated in providing for the Rural District a really superb service.

Roadside Filth

The concern about deposition of faeces near lay-bys on main roads increases. Flies can carry infection, (typhoid or other bacteria, and worm eggs), from the deposits to the blackberries. The obvious answer is more public conveniences, all signposted, on trunk roads, and good conveniences at the ends of villages where spacious car parking is available., and where piped water for handwashing and water carriage can be provided.

At the end of the year, discussions between the County Council, Ministry of Transport and the R.D.C. begun in 1964 were still in progress, but it seems likely that within a year or two there may be a full scale bilateral highway convenience situated on the sides of Road A303 where it traverses the northern tip of the Rural District.

8. Swimming Facilities

The Rural District is fortunate in having five lovely rivers, Avon, Wylfe, Till, Nadder and Ebbw, threading it, while the Bourne also traverses one parish (Laverstock). In various pools in these rivers fair swimming and bathing facilities exist, with only a small risk of infection from pollution, but with some risk of drowning in deep holes which may be suddenly encountered, especially near weirs or hatches.

It is however, unfortunate that in a district with much attractive river water, there are still so few facilities for teaching children to swim. All children should be taught to swim as young as possible, certainly by primary school age. During the year a lovely open air swimming pool, with complete circulatory filtration and chlorination of the water, was opened at Wilton Secondary Modern School which of course serves the Rural District as well as Wilton Borough. Some facilities for swimming are also available for Broadchalke children.

All children and adults, should be taught the mouth to nose system of artificial respiration. These two accomplishments would be most conveniently taught in the Primary and Secondary Schools, and the County Principal School Medical Officer arranges for certain school M.Os. including myself to demonstrate the technique to teachers, who in turn then show the pupils. So far this has only extended to Secondary School Teachers but I hope, in time it will be possible also to include teachers in primary schools.

9. Tobacco Smoking

Dealt with after Table IV - see "Tobacco Smoke", Lung Cancer, Bronchitis, and Heart Disease.

10. Offices, Shops and Railway Premises Act, 1963

Work under this Act gathered momentum during the year. One of the Public Health Inspectors has been specially designated for the inspection work. Reference to the report of the Chief Public Health Inspector, Mr. Furley, will show that a great volume of work was carried out during the year, by the Public Health Inspectors and that by the end of the year, with twelve new "registrations", 65 premises are now registered within the Rural District.

I would especially commend for attention Mr. Furley's "special report" under this section, concerning lighting, (natural and artificial) standards in the registered premises. This is most interesting reading.

It is a pity that lighting standards in some of the food preparation rooms in restaurants, kitchens and food shops, were found to be rather poor, (where they are out of the customers sight) and I would support Mr. Furley's contribution that specific lighting standards for such rooms should be made a legal requirement. His suggestions for a universally applicable new "Code of practice " "for all the sorts of work covered by the O.S.R.P. Act, and for a new legal standard for Section 20 of the Food Hygiene General Regulations, 1960, are also to be commended.

12. Animal Boarding Establishments Act, 1963

The Council have appointed local Veterinary Surgeons to fulfil the inspection requirements of the Act. Four establishments were registered and operating during the year.

The following note has kindly been provided by Mr. I. Frost, M.R.C.V.S.: -

Boarding Kennels Inspected during 1965

1. Hillcrest Kennels, Coombe Bissett.
2. Evenlode Kennels, Rockbourne.
3. Wingjay Kennels, West Dean.
4. Mrs. W.O. Baker, Kiln Road, Redlynch.

All these kennels were inspected with a view to licences being issued by the Salisbury and Wilton Rural District Council and were found to be satisfactory.

The accommodation was good and the storage of feeding materials was hygienic and free from contamination by vermin. Adequate exercising space was provided.

All suggestions made during the inspection for improving the conditions were willingly carried out by the owners who were most anxious, to co-operate with the scheme.

TABLE VII - FACTORIES

INSPECTIONS

	Number on Register	Number of Inspections	Number of Written Notices	Number of Occupiers Prosecuted
(i) Factories in which Sections, 1, 2, 3, 4, and 6 are enforced by Local Authorities.	3	0	0	0
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority	75	0	0	0
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	0	0	0	0
Total	78	0	0	0

CASES IN WHICH DEFECTS WERE FOUND AT FACTORIES

	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	Referred by H.M. Inspector (5)	
Want of cleanliness (S.1)	0	0	0	0	0
Overcrowding (S.2)	0	0	0	0	0
Unreasonable temperature (S.3)	0	0	0	0	0
Inadequate ventilation (S.4)	0	0		0	0
Ineffective drainage of floors (S.6)	0	0	0	0	0
Sanitary Conveniences (S.7)					
(a) Insufficient	1	1	0	1	0
(b) Unsuitable or defective	2	2	0	2	0
(c) Not separate for sexes	0	0	0	0	0
Other offences against the Act not including offences relating to outwork)	0	0	0	0	0
	3	3	0	3	0

PART VIII OF THE ACT

Section 110 and 111 Factories Act, 1937

	No. of outworkers in August list re- quired by Section 110(1)(2) (2)	No. of cases of default in send- ing lists to the Council (3)	No. of prosecu- tions for failure to supply lists (4)	No. of instances of work in unwhole- some pre- mises (5)	Notices Prose- Served cutions (6)	(7)
Wearing Apparel:						
Making etc.						
Cleaning and Washing	10	0	0	0	0	0

No. outworkers were known to be practicing any of the types of work listed in the Ministry of Labour return required annually from me, as follows:-

"Household linen, Lace, lace curtains and nets, Curtains and furniture hangings, Furniture and upholstery, Electro-plate, File making, Brass and brass articles, Fur pulling, Iron and steel cables and chains, Iron and Steel anchors and grapnels, Cart gear, Locks, latches and keys, Umbrellas, etc. Artificial flowers, Nets, other than wire nets, Tents, Sacks, Racquet and Tennis balls, Paper bags, Making of boxes or other receptacles or parts thereof made wholly or partially of paper, Brush making, Pea picking, Feather sorting, Carding, etc. of buttons etc., Stuffed toys, Basket making, Chocolates and sweetmeats, Cosaques, Christmas stockings, etc., Textile weaving, and Lampshades.

F. J. G. LISHMAN.

Medical Officer of Health.

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1965

To the Chairman and Members of the Salisbury and Wilton Rural District Council.

I have the honour to submit my Annual Report for the year 1965. The year to which this report refers has again been a busy one. Substantial progress has been made in the field of slum clearance, provision of main sewerage and the improvement schemes to private properties and Council houses. The most important public health improvement was the institution of a weekly collection of refuse from all parishes which took place as from Monday, 29th November, 1965, and I have referred to this in greater detail in my section of the report dealing with refuse collection.

I would like to take this opportunity of recording my thanks to the Council for their appreciation and understanding, and to my staff for the very efficient, conscientious and courteous way in which they have carried out their duties during the past year. Without their help a report of this nature would not be possible.

I would also like to record my appreciation to the outside labour force as no organisation of this nature could be efficiently carried out without the vital compliment of workmen and staff, and although the labour force changes considerably from one year to another, the Council is fortunate in having a nucleus of men headed by intelligent and conscientious foremen who give excellent service willingly at all times.

J. A. Furley.

Chief Public Health Inspector.

PUBLIC HEALTH INSPECTIONS OF THE AREA

Public Health Act, 1936 and General Sanitation

Number of Inspections	-	Water Supply	..	..	72
" "	-	Water Sampling and Analysis	..	..	143
" "	-	Drainage and/or Sanitary Accommodation	..	..	486
" "	-	Caravans etc.	..	..	255
" "	-	Buildings of Temporary Material (Section 53)	..	..
" "	-	Dangerous Buildings, etc.	..	..	42
" "	-	Factories Act	..	..	30
" "	-	Infectious Diseases	..	..	37
" "	-	Miscellaneous Complaints	..	..	200
" "	-	Refuse Collection, Tips etc.	..	..	186
" "	-	Offices, Shops and Factories Acts	..	..	108

Housing

Number of Inspections and Visits	under Housing Act 1936 and 1957	420
" " " " "	under Housing Acts 1949/52/58	451
" " " " "	under Public Health Acts	317

Meat and Food Inspection

Number of Visits	to Slaughterhouses approx.	..	..	..	420
" " "	to Shops, Premises and Vans	..	..	..	97
" " "	to Dairies	..	..	..	71
" " "	re. Ice Cream	..	..	..	6
" " "	to Cafes, Bakehouses and Licenced Premises	..	..	..	39

H O U S I N G

The following statistics show the work carried out under the Housing Acts 1936, 1949, 1952, 1957 and 1958, the Housing Repairs and Rents Act 1954 and the Rent Act 1957.

Discretionary Grants

<u>Year</u>	<u>Amount of Grant agreed to be paid by the Council</u>	<u>No. of Properties</u>
31.7.49. - 31.12.54.	£18,509	61
1955	£21,059	71
1956	£20,388	66
1957	£23,033	70
1958	£21,878	79
1959	£17,407	51
1960	£27,155	77
1961	£24,371	67
1962	£17,527	53
1963	£12,321	33
1964	£14,799	39
1965	£11,281	32
	<hr/> £229,728	<hr/> 699

Standard Grants

<u>Year</u>	<u>Value of Grants Paid</u>	<u>No. of Houses</u>
1960	£2,955	26
1961	£4,700	36
1962	£2,813	27
1963	£3,594	28
1964	£4,514	33
1965	£4,591	28
	<hr/> £23,167	<hr/> 178

HOUSING STATISTICS FOR 1965

1. Number of permanent dwellings in district at end of year 6,808
2. Number of permanent dwellings in district owned by Local Authority 1,007
3. Number of Temporary dwellings in district owned by Local Authority Nil.
4. Inspection of dwellings during year:
 - (i) Inspected for housing defects under Public Health Act and Housing Acts 212
 - (ii) Number of dwellings found not to be in all respects reasonably fit for habitation 132
5. Number of dwellings rendered fit in consequence of informal action 61
6. Action under Statutory Powers:
 - A. Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957
 - (i) Number of dwellings where notices were served requiring defects to be remedied Nil.

(ii) Number of dwellings rendered fit after service of formal notices

(a) by owners Nil

(b) by Local Authority in default of owners .. Nil

B. Proceedings under Section 16 of the Housing Act, 1957

(i) Number of demolition orders made 23

(ii) Number of houses demolished as result of demolition order 25

(iii) Number of undertakings accepted 3

(iv) Number of undertakings completed 4

C. Proceedings under Sections 17, 18, 27 of the Housing Act, 1957

(i) Number of dwellings where closing orders were made 5

(ii) Number of dwellings closed as result of closing orders or undertakings by owners 8

7. Rent Act, 1957

(i) Certificates of Disrepair applied for Nil.

(ii) Certificates of Disrepair granted Nil.

8. Housing and Public Health Acts

Number of houses rendered fit after service of notices:

	Section 9, 10 and 16 Housing Act 1957		Public Health and similar Local Acts		Totals	
	Informal	Formal	Informal	Formal	Informal	Formal
(a) By owner	11	4	27	-	38	4
(b) By local authority	-	-	-	-	-	-
Totals	11	4	27	-	38	4

9. Houses Erected

	1.4.45. to 31.12.64.	1.1.65. to 31.12.65.	Total Number of New Dwellings Post-War Period
Local Authority	788	64	852
Private Enterprise	280	331	1,611
			} 2,463

CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

Three residential sites are still licensed within the rural district.

Pilgrim Caravan Site, Heath Farm, Barford St. Martin

This site is now full to its licensed maximum number of 71 caravans.

White Horse Inn Site, Downton

This site has changed hands and the new tenant has reduced the number of vans on this licensed site from seven to three.

Border Filling Station, Lopcombe Corner

This site has now been taken over by the Caravan Club who are at present retaining the site for 6 residential vans, and propose to develop the remaining part of land as a landscaped site for holiday and recreational caravans owned by Club members.

In addition to the above sites there are approximately thirty to forty individual caravans used as living accommodation. This figure changes from month to month as old ones are removed and new ones discovered.

Every effort is made to secure that the provisions of the Planning Acts and the Caravan Sites and Control of Development Act, 1960 are complied with. This often causes much time and effort to be spent in visiting and interviewing occupiers of caravans and explaining to them their obligations under this legislation, and it is frequently necessary to secure that unauthorised caravans are removed from the site.

Further difficulties are encountered when groups of vans, usually 2 to 6 in number, pull in on to common land, down land, verges and other vacant pieces of land. Usually the first intimation we have of this is by complaint, and the occupants are of the type who move about the countryside and are self employed. These caravan dwellers have unfortunately no intention of observing the law which in any event seems inadequate to deal with the situation.

We have also two further sites operating under exemption certificates granted by the Caravan Club, each site accommodating a maximum of 5 caravans. These certificates allow the site to be occupied by a maximum of 5 vans and are for the use of its members for the purpose of recreation only and not residential use. It is however, almost impossible to ensure that non members do not occasionally use these sites for residential purposes, although every effort is made to see that the law is complied with.

W A T E R S U P P L Y

All parishes in the Council's area are now provided with a piped water supply, mainly provided by the Council, or in the case of Downton, Landford and Redlynch by the West Hants Water Co. in whose statutory area these villages are situated, and in a small number of cases a few privately owned supplies which were laid to serve the areas concerned.

A close watch is kept upon these supplies by sampling and the only supply which is open to suspicion from time to time is the Norman Court Estate where samples frequently fail to reach the required standard.

Village or Parish	1961 Population	Source of Supply	No. of hses. connected
Alderbury	1,038	Local Authority Supply Longford Estate Main	313 Not known
Barford St. Martin	545	Local Authority Supply	151
Britford	705	Local Authority Supply	38
Berwick St. James	168	Manor Farm Supply	Approx. 95%
Bishopstone	473	Local Authority Supply	102
Bowerchalke	392	Local Authority Supply	78

Village or Parish	1961 Population	Source of Supply	No. of hses. connected
Broadchalke	556	Local Authority Supply	106
Burcombe	170	Local Authority Main	46
Clarendon Park	282	Private Estate Supply	Not known
Compton Chamberlayne	145	Part Local Authority Supply	38
Coombe Bissett	586	Local Authority Scheme	120
Dinton	493	Local Authority Main	136
Downton	1,796	West Hants Water Co. Statutory Area.	
Ebbesbourne Wake	227	Local Authority Main	50
Fovant	486	Local Authority Main.	197
Great Wishford	298	Local Authority Main.	100
Grimstead	367	Local Authority Main	178
Laverstock	1,873	Local Authority Main	577
Landford	662	West Hants Water Co. Statutory Area.	
Netherhampton	167	Local Authority Main	58
Odstock	561	Longford Estate	Not known Approx. 90%
Pitton and Farley	534	Local Authority Main	214
Quidhampton	307	Local Authority Main	128
Redlynch	2,148	West Hants Water Co. Statutory Area.	
South Newton	763	Local Authority Main	210
Stapleford	212	Local Authority Main	87
Stratford Toney	82		
Steeple Langford	465	Local Authority Supply	105
Whiteparish	859.	Local Authority Main	323
West Dean	177	Norman Court Estate Supply	Not known Approx. 95%
Winterslow	1,070	Local Authority Supply Local Authority Main	401
Wylve	365	Local Authority Main	101

I now give a summary of the water supplied from each source together with a summary of reports of samples taken.

Fovant Source

Supply to villages of Fovant, Compton Chamberlayne, Dinton, Barford St. Martin, Burcombe, and the whole of the Chalke Valley comprising of Ebbesbourne Wake, Broadchalke, Bowerchalke, Bishopstone and Coombe Bissett.

Water is chlorinated at source.

Result of Bacteriological and Chemical Examination of Water Supply during year

22 Bacteriological	18 Satisfactory
2 Chemical	Satisfactory

Wylve Source

Supply to villages of Wylve, Steeple Langford, Stapleford, South Newton and Wishford.

Water is chlorinated at source.

Result of Bacteriological and Chemical Examination of Water Supply during year

13 Bacteriological	12 Satisfactory
1 Chemical	Satisfactory

Farley Source

This source was taken out of commission during 1961, and the works dismantled.

Pitton Public Supply

This source was taken out of commission in August 1963, and is now only for use in an emergency.

Ebbesbourne Wake Source

This source has been abandoned.

Winterslow Source

This source has been taken out of use, and the village of Winterslow is now fed from the bulk supply arrangements for the Eastern Area from the West Hants Water Company's Standlynch Reservoir.

BULK SUPPLIES, ETC.

Downton, Redlynch and Landford

These villages are supplied by the West Hants Water Company but included in the Statutory Area of the Company.

Britford, Laverstock (including Ford)

Supplied by mains water by bulk supplies from Salisbury City and distributed through the Rural District Council's mains.

Alderbury, Grimsteads, Pitton, Farley, Winterslow and Whiteparish

Supplied by mains water from bulk supplies fed from the West Hants Water Company's source and distributed through the Rural District Council's mains.

Quidhampton and Netherhampton

Supplied by mains water by bulk supplies from Wilton Borough and distributed through the Rural District Council's mains.

Berwick St. James, parts of Alderbury, Odstock, West Dean and Clarendon Park

Piped water from private sources are available in these parishes.

WATER SAMPLES

ANALYSIS OF WATER SAMPLES

1. Bacteriological (Public Supplies)

Analysis of Reports

(a) TREATED WATER SUPPLIES

Number Excellent	..	..	..	..	72	
Number Satisfactory	..	..	..	..	4	
Number Unsatisfactory	..	..	..	..	12	88
					<hr/>	

(b) RAW, UNTREATED WATERS

Number Excellent	..	..	..	..	0	
Number Satisfactory	..	..	..	..	0	
Number Suspicious	..	..	..	..	0	
Number Unsatisfactory	..	..	..	..	0	
					<hr/>	<hr/>
						0
						<hr/>
						88
						<hr/>

In addition to the above, 5 samples were taken of water from new mains before these were released for public supply.

2. Chemical Samples

5 Samples were taken for chemical analysis and all of these proved satisfactory.

3. Bacteriological Samples (Private Supplies to single dwellings)

23 samples were taken from private wells during the year, 12 proving to be satisfactory.

All these samples conform with the classifications laid down in the Ministry of Health Report on the Bacteriological Examination of Water Samples.

SEWERAGE AND SEWAGE DISPOSAL

QUIDHAMPTON

Sewers discharge into Salisbury City's Trunk sewer south of the Village.

Number of properties connected 45

LAVERSTOCK

The whole of the built-up area of Laverstock is now provided with a public sewer discharging by Agreement into the sewers of Salisbury City at Milford.

Number of properties connected 539

BERWICK ST. JAMES

Sewers and Disposal Unit are now completed.

Number of properties connected 50

DOWNTON

Sewers and Disposal Unit are now completed.

Number of properties connected .. 578

REDLYNCH

Sewers now laid to serve Woodfalls and Morgans Vale Areas by gravity to Downton Works.

Number of properties connected .. 314

FOVANT

Sewers and Disposal Unit now completed.

Number of properties connected .. 144

BARFORD ST.

Sewers and Disposal Unit are now completed.

MARTIN

Number of properties connected .. 91

NETHERHAMPTON

Area adjoining Salisbury City drains into City Sewers.

Number of properties connected:

Houses	..	..	..	..	17
Factories	..	..	..	..	2

SOUTH NEWTON AND
GREAT WISHFORD

This Contract was completed and sewers were available for use early in 1965.

Number of properties connected .. 135

ALDERBURY

Work is now proceeding on this Contract for the laying of sewers in this area. These sewers will be available for use in September 1966. This will have the effect of abating the nuisances which arise every winter from over-flowing septic tanks and cesspools in this area.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

General inspections have proceeded steadily during the year and the majority of Registered premises have now been inspected. The rate of progress would appear at first to be rather slow, but this is because the inspections are being carried out in conjunction with a survey of all the food premises within the Rural District under the Food Hygiene Regulations.

At the end of the year there are now 65 premises registered under this Act. Twelve new registrations were received during the year and two premises were removed from the register. Most of the twelve were discovered during routine Food Hygiene inspections, and it would appear that many more will come to light in the same way during the coming year.

A total of 40 General Inspections have now been carried out. Most employers have willingly co-operated in bringing their premises up to the required standard. Where contraventions of the Act were found which overlapped with contraventions of the Food Hygiene Regulations they have been dealt with primarily under the latter.

SECTION 8 - Special Report on Lighting Standards

The standards of lighting in registered premises were found to vary considerably throughout the district. In offices the standard was generally found to be suited to the individual requirements.

Most employees seemed to be satisfied with a standard at desk level of 20 - 30 lumens per square foot, and despite the fact that individual swivel lights were often provided, these were rarely used during daytime. The impressions gained from interviewing various draughtsmen was that they preferred the lighting to be only moderate (i.e. 30-40 lumens per sq. ft.) rather than to be excessive.

Specific standards of illumination are frequently suggested verbally to employers at the time of the General Inspections, and specific light readings are most useful in exemplifying poor lighting standards.

The poorest standards of lighting were found in the preparation and packing rooms in food shops, kitchens in restaurants and in alteration rooms and other workrooms in non-food shops. It is perhaps significant that these are the areas of the premises where good lighting, although essential to the maintenance of good hygiene and the welfare of the staff, would have no "customer appeal". I think therefore that a minimum legal standard of lighting could be very useful in dealing with such premises. However, I can also see many difficulties which would arise if a strict comprehensive standard were made general, because the Act covers a wide range of premises with individual requirements, such as restaurant dining rooms where soft lighting may be a desirable feature, and certain tracing and mapping techniques which also necessitate a low standard of surrounding lighting.

In conclusion therefore I would be more in favour of a new comprehensive "Code of Practice" to deal with all the types of work covered by the Act. If, however, a legal standard is to be introduced, I would also like to see a similar amendment made to Regulation 20 of the Food Hygiene (General) Regulations 1960, in order that a uniform standard could then be applied to all food premises.

The following detailed information was compiled from premises which were visited during the month of November, 1965.

1. Number of office premises where the lighting, either natural or artificial in lumens per square foot measured at the working place was

(a)	Less than 5	Nil
(b)	More than 5 but less than 10	1
(c)	More than 10 but less than 15	1
(d)	More than 15 but less than 25	3
(e)	More than 25	4

2. Standards of lighting in shops in lumens per square foot:-

	Selling Areas	Packing and Preparation Rooms	Stock Rooms
1.	20 - 30	15+	5
2.	30	10 - 15	-
3.	25	15 - 20	-
4.	35 - 60	10 - 15	200
5.	20 - 30	25 - 35	10 - 15
6.	25	15	20
7.	30	15	5
8.	50 - 100	40 - 60	25 - 35

The above tabulated readings are of combined natural and artificial lighting taken during daytime. Individually they are not very reliable because a wide range of readings may be obtained during different weather conditions. However, collectively they do represent

very fairly the general comparative impressions.

The last set of figures (No. 8) were taken on a dull day in a small supermarket which was completely modernised to the department's requirements during the year, and represents an ideal standard of lighting.

A. REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	Number of Premises registered during the year	Number of Registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	2	12	6
Retail Shops	6	38	17
Wholesale Shops, Warehouses	-	1	-
Catering establishments open to the public, canteens	4	14	10
Fuel Storage Depots	-	-	-
Totals	12	65	33

Total Number of visits of all kinds by Inspectors to registered premises under the Act - 78.

Total number of persons employed in registered premises - 272.

B. ANALYSIS OF CONTRAVENTIONS

Contraventions in respect of:	No. Found
Sec. 4 - Cleanliness	3
Sec. 5 - Overcrowding	Nil.
Sec. 6 - Temperature	14
Sec. 7 - Ventilation	1
Sec. 8 - Lighting	1
Sec. 9 - Sanitary Conveniences	3
Sec. 10 - Washing facilities	6
Sec. 11 - Supply of Drinking Water	2
Sec. 12 - Clothing Accommodation	2
Sec. 13 - Sitting facilities	3
Sec. 14 - Seats (Sedentary Workers)	Nil.
Sec. 15 - Eating Facilities	Nil.
Sec. 16 - Floors, passage and stairs	13
Sec. 17 - Fencing exposed parts	5
Sec. 18 - Protection of young persons from dangerous machinery	Nil.
Sec. 19 - Training of young persons working at dangerous machinery	Nil.
Sec. 23 - Prohibition of heavy work	Nil.
Sec. 24 - First Aid General Provisions	14
Total	67

MEAT INSPECTION

The Council are continuing to carry out 100 percent meat inspection at the premises of the South Wilts Bacon Factory at Downton in accordance with the Meat Inspection Regulations 1963. This is causing a considerable burden upon the existing staff and two inspectors are now at the Factory on most afternoons of each week from 1 p.m. onwards carrying out this very important and vital public health work.

MEAT CONDEMNED DURING 1965

ANIMALS	FOR TUBERCULOSIS		CONDEMNED FOR PURPOSES OTHER THAN TUBERCULOSIS	
	Meat	Offal	Meat	Offal
	lbs..	lbs.	lbs.	lbs.
Pigs	9,072	2,262	27,815	12,566
Calves	Nil	Nil	Nil	Nil
Sheep	Nil	Nil	Nil	Nil
Bovines	Nil	Nil	Nil	Nil
Horses	Nil	Nil	Nil	Nil

Carcases Inspected and Condemned - For the year ended 1965

	Cattle excluding Cows	Cows	Sheep and Lambs	Pigs
Number killed	-	-	-	21,068
Number Inspected	-	-	-	21,068

All Diseases except Tuberculosis and Cysticercosis:

Whole carcasses condemned	-	-	-	162
Carcases of which some part or organ was condemned	-	-	-	2,325
Percentage of the number inspected affected with dis- eases other than tuberculosis	-	-	-	11.8%

Tuberculosis only:

Whole carcasses condemned	-	-	-	2
Carcases of which some part or organ was condemned	-	-	-	826
Percentage of the number inspected affected with tuberculosis	-	-	-	3.93%

	Cattle excluding Cows	Cows	Sheep and Lambs	Pigs
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Cysticercosis:				
Carcases of which some part or organ was condemned	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-
Generalised and totally condemned	-	-	-	-
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MILK SUPPLY

Routine sampling of milk was regularly carried out during the past year. The Milk (Special Designation) Regulations 1963 became operative on 1st June, 1965.

Premises registered as dairies other than those registered by Ministry of Agriculture, Fisheries & Food	..	4
No. of Producer/Retailers and Distributors licensed in the district selling raw milk	.. .. .	6
No. of Distributors licensed in district obtaining milk from pasteurising plants within Wiltshire	.. ..	4
No. of Distributors licensed in district obtaining milk from pasteurising plants without Wiltshire	.. . . .	3
No. of inspections made	.. .. .	68

METHYLENE BLUE TEST

Untreated Milk

(a) No. of samples passed	.. .. .	59
(b) No. of samples failed	.. .. .	6
(c) No. of samples void	.. .. .	5

BIOLOGICAL TEST FOR TUBERCLE BACILLUS

(a) No. of samples negative	.. .. .	33
(b) No. of samples positive	.. .. .	Nil

BIOLOGICAL TEST FOR BRUCELLA ABORTUS

(a) No. of samples of untreated milk examined	..	29
(b) No. of positive samples found	.. .. .	Nil
(c) Action taken in respect of positive samples	..	Nil

HEAT TREATED MILK

Statutory Test

(a) Passed	.. .. .	111
(b) Failed	.. .. .	2
(c) Void	.. .. .	13

BOTTLE RINSES

(a)	No. of samples passed	..	..	..	..	..	..	12
(b)	No. of samples failed	..	..	..	..	..	..	Nil.

FOOD HYGIENE REGULATIONS, 1965

During the last two years an intensive drive has been in progress to bring all the premises in the district up to the required legal standard.

Although there are still many premises which fall far below this required standard, vast improvements have generally been effected in most of the premises so far inspected.

The figures given below represent as accurately as possible the situation existing at the end of the year.

(a)	Number of premises	..	..	..	..	..	..	141
(b)	Number of premises fitted to comply with Regulation 16	..	..	..	..	..	..	132
(c)	Number of premises to which Regulation 19 applies	..	..	..	..	..	..	141
(d)	Number of premises fitted to comply with Reg. 19	..	..	..	..	..	..	136

FOOD AND DRUGS ACT, 1955

Section 16 - Number of Premises Registered

(a)	Premises registered for the sale of Ice Cream	..	..	77
(b)	Premises registered for the manufacture of Sausages, etc.	..	..	7
(c)	Premises licensed for use as Slaughterhouse	..	..	1

Slaughter of Animals Act, 1933

(a)	Number of Slaughtermen licensed during the year under the above Act	8
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REFUSE COLLECTION AND DISPOSAL

I am pleased to be able to report that during the year 1965 the decision was reached to commence a weekly collection of refuse from the whole district. Previous to this some 7 villages were being collected weekly, whilst the remaining had a fortnightly collection, and the implementation of the weekly collection of refuse for the whole of the district was a great step forward.

The Council purchased a 35 cubic yard Pakamatic refuse collection vehicle manufactured by Messrs. Shelvoke and Drewry and we now operate a fleet of four vehicles of the most modern type.

Refuse Disposal and Tips

The Council have continued to tip at the public tip at Downton during the past year, though indiscriminate tipping by outside persons is now rapidly filling this tip and steps will have to be taken to secure other sites in this area very shortly. During the past year arrangements were made to lease a fair sized dis-used chalk pit at Camp Hill, Devizes Road, South Newton. This pit has now been made available for use and disposal of refuse by controlled tipping from the western half of the district is now taking place at this site.

Salvage

The Council continued to collect and salvage material for disposal, which includes metals, rags, woollens and paper. The total value of the salvage collected amounted to £1,501.3. 11d., which I am glad to report has represented an increase of approximately 50 per cent over the previous year. A bonus scheme is operated by the Council whereby half this sum is shared equally between those employees who have a full calendar quarter's service in the Council's employment, and the other half is retained by the Council.

RODENT CONTROL

Non-Agricultural

	(1) Local Autho- rity	(2) Dwelling Houses (inc. Council Houses)	(3) All other (inc. busi- ness premises	(4) Total of Cols. (1) (2) & (3)	(5) Agricul- ture
1. Approximate No. of properties	13	6,495	429	6,937	1,217
2. No. of Proper- ties inspected as a result of					
(a) Notification	-	92	20	112	4
(b) Survey under the Act	13	1,031	69	1,113	53
3. No. of Proper- ties inspected (in Section 2) which were found to be infested by					
(a) Rats (Major)	1	-	-	1	-
(a) Rats (Minor)	1	142	13	156	4
(a) Rats (Major)	-	-	-	-	-
(b) Mice (Minor)	-	3	9	12	-
4. No. of infested properties (in Section 3) treated by L.A.	2	145	22	169	4

The Rodent Operator is employed in conjunction with our neighbours, Amesbury R.D.C. and Wilton Borough under a Joint Committee and he spends two weeks with this Council and then is away for the following two weeks with Amesbury R.D.C. and one week with Wilton Borough. This arrangement works extremely well and is of considerable advantage to all concerned.

J. A. FURLEY.

Chief Public Health Inspector.

